

P96000032068

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500001773955
--04/09/96--01093--014
****131.25 ****131.25

SUBJECT: Broward Home Health Care, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Mayra Quevedo
Name (printed or typed)
8391 N.W. 16th St.
Address
Pembroke Pines, Fl. 33024
City, State & Zip
(305) 431-4090
Daytime Telephone number

FILED
96 APR -8 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

PDC
4/12/96

ARTICLES OF INCORPORATION
OF
BROWARD HOME HEALTH CARE, INC.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is BROWARD HOME HEALTH CARE, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This corporation organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may later be amended.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of no par value common stock which shall be designated as "Common Shares."

ARTICLE V - PRE - EMOTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to other or book value (whichever is lesser amount).

ARTICLE VI - REGISTERED OFFICE AND REGISTERED AGENT

The street address of the registered office and the mailing address of this corporation is 8391 N.W. 16th Street., Pembroke Pine, ,Fl. 33024 and the name of the initial registered agent of this corporation at that address is Mayra Quevedo.

ARTICLE VII - BOARD OF DIRECTORS

This corporation shall have one Director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one Director nor more than five. The name and address of the initial Board of Directors of the corporation is:

Mayra Quevedo
8391 N.W. 16th. Street.
Pembroke Pines, Fl. 33024

The name and address of the incorporator signing these articles is: Mayra Quevedo 8391 N.W. 16 St. Pembroke Pines, Fl. 33024

The corporation shall indemnify any Officer or Director or any former officer or director, to the full extent permitted by law.

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

1966.

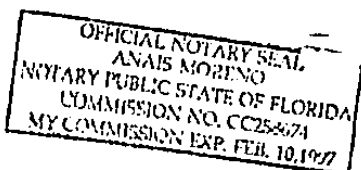
[Handwritten signature]

FL DR CTR @ 130-540-68-876-0

STATE OF FLORIDA)
) ss
COUNTY OF DADE)

IN WITNESS WHEREOF, I have set my hand and seal in the State
and County above, this 5th day of April, 1996

My commission expires:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 APR -0 AM 11:58

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE STATE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Broward Home Health Care, Inc.

2. The name and address of the registered agent and office is:

Mayra Quevedo

(NAME)

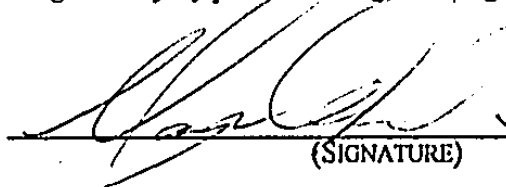
8391 N.W. 16th St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pembroke Pines, FL 33024

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

4/4/96
(DATE)

P96000034068

Requestor's Name



Business Exchange International, Inc.

The (Name of the State)

AmSouth Bank Building, Suite 303
P.O. Box 671,
Gulf Breeze, Florida 32562

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

97 AUG 28 AM 10:15
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/28/97--01024--006
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS SEP 3 1997

RA Chg.

Florida Department of State, Sandra B. Mortham, Secretary of State

*** FILING FEE: \$35.00 ***

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: BUSINESS EXCHANGE INTERNATIONAL, INC.
2. The mailing address of the corporation is: 400 Gulf Breeze Parkway, Suite 303
Gulf Breeze, FL 32561
3. Date of incorporation/qualification: April 16, 1996 Document number: P96000034068 (2)
4. The name and address of the current registered agent and office:

John Nolan White (resigned)
400 Gulf Breeze Parkway, Suite 303
Gulf Breeze, FL 32561

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Ron C. Denney
400 Gulf Breeze Parkway, Suite 303
Gulf Breeze, FL 32561

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

8/25/97
(Date)

Sudie Hucklebridge Director
(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

8/25/97
(Date)

RON C. DENNEY
If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)